



El Dorado County Probation Department

Safe Communities Through Changed Lives

Brian J. Richart
Chief Probation Officer

June 17, 2025

This is a letter of agreement between **El Dorado County Probation** and all organizations listed herein for the purposes of applying for the Proposition 47 Grant administered by the Board of State and Community Corrections. All organizations listed herein agree to participate on the local **Proposition 47 Local Advisory Committee (PLAC)** led by **El Dorado County Probation** using a collaborative approach. This advisory body will, at a minimum, advise the Applicant on:

- How to identify and prioritize the most pressing needs to be addressed (to include target population, target area, etc.);
- How to identify the strategies, programs and/or services to be undertaken to address those needs;
- The development of the grant project; and
- Ongoing implementation of the grant project.

The local program will be known as the “Reentry Intervention Support & Engagement (RISE)” program. PLAC members representing key system partners will be installed immediately upon notice of award. Immediate appointments will come from within the Housing sector. Required MOUs or service contracts will be immediately established to ensure coordination. All targeted members have been selected based on their alignment with the guiding principles of Prop 47, as they relate to the RISE’s mission to create an integrated system of care for justice involved individuals.

Signed in mutual agreement,

APPLICANT SIGNATURE

X Brian Richart (Jun 20, 2025 07:00 PDT)

Signature

Brian Richart, Chief Probation Officer

El Dorado County Probation

3974 Durock Rd. Ste. 205, Shingle Springs, CA 95682

South lake Tahoe Office
1360 Johnson Blvd., Ste 102
South Lake Tahoe, CA 96150
(530) 573-3083

Shingle Springs Office
3974 Durock Rd., Ste 205
Shingle Springs, CA 95682
(530) 621-5625

Juvenile Treatment Center
1041 Al Tahoe Blvd.
South Lake Tahoe, CA 96150
(530) 543-6978

PROPOSITION 47 LOCAL ADVISORY COMMITTEE MEMBER SIGNATURES

Shelby Wineinger

X Shelby Wineinger (Jun 20, 2025 09:39 PDT)

Signature

Shelby Wineinger, Court Executive Officer

El Dorado Superior Court

495 Main Street

Placerville, CA 95667

Teri M. Monterosso

X Teri M. Monterosso (Jun 20, 2025 09:09 PDT)

Signature

Teri Monterosso, Chief Public Defender

El Dorado County Public Defender

3976 Durock Rd.

Shingle Springs, CA 95682

M. Entwistle

X Martin Entwistle (Jun 20, 2025 10:42 PDT)

Signature

Martin Entwistle, Associate Chief Medical

Officer & VP of Population Health

Marshall Medical Center

1100 Marshall Way

Placerville, CA 95667

Darlene Galipo

X Darlene Galipo (Jun 20, 2025 14:56 PDT)

Signature

Darlene Galipo, Director

Golden Sierra Job

Training Agency

115 Ascot Dr Ste 140

Roseville, CA 95661

Michael Boyd

X Michael Boyd (Jun 20, 2025 07:12 PDT)

Signature

Michael Boyd, Deputy Chief Probation Officer

El Dorado County Probation

3974 Durock Rd. Ste. 205

Shingle Springs, CA 95682

Stephanie Denega

X Stephanie Denega (Jun 20, 2025 19:46 PDT)

Signature

Stephanie Denega, Probation Assistant

Lived Experience

El Dorado County Probation

3974 Durock Rd. Ste. 205

Shingle Springs, CA 95682

South lake Tahoe Office
1360 Johnson Blvd., Ste 102
South Lake Tahoe, CA 96150
(530) 573-3083

Shingle Springs Office
3974 Durock Rd., Ste 205
Shingle Springs, CA 95682
(530) 621-5625

Juvenile Treatment Center
1041 Al Tahoe Blvd.
South Lake Tahoe, CA 96150
(530) 543-6978

Mindi Paxiao

X Mindi Paxiao (Jun 20, 2025 17:31 PDT)

Signature

Mindi Paxiao, Deputy Probation Officer

Lived Experience

El Dorado County Probation

3974 Durock Rd. Ste. 205

Shingle Springs, CA 95682

Arturo Rangel

X Arturo Rangel (Jun 20, 2025 15:35 PDT)

Signature

Arturo Rangel, LMFT

Clinician Practicum oversight

1611 S Street Suite 201

Sacramento, CA 95818

Susan Fleischer, LCSW

X Susan Fleischer, LCSW (Jun 20, 2025 17:26 PDT)

Signature

Susan Fleischer, LCSW, McS

Clinician Practicum oversight

1611 S Street Suite 201

Sacramento, CA 95818

Thomas Mahoney

X Thomas Mahoney (Jun 20, 2025 11:47 PDT)

Signature

Dr. Thomas Mahoney

Deputy Chief Medical Director

Mountain Valley Health Plan

7751 S. Manthey Road

French Camp, CA 95231

Caleb Sandford

X Caleb Sandford (Jun 20, 2025 11:30 PDT)

Signature

Caleb Sandford

Chief Executive Officer

El Dorado Community Health Center

4212 Missouri Flat Road

Placerville, CA 95667

South lake Tahoe Office
1360 Johnson Blvd., Ste 102
South Lake Tahoe, CA 96150
(530) 573-3083

Shingle Springs Office
3974 Durock Rd., Ste 205
Shingle Springs, CA 95682
(530) 621-5625

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1041 Al Tahoe Blvd.
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Project Title(required) 100

Reentry Intervention Support and Engagement (RISE) System

Project Summary(required) Limit: 1000 characters

The Reentry, Intervention, Support, and Engagement (RISE) system pilot is a behavioral health intervention system and program model led by El Dorado County Probation to reduce recidivism, improve access to care, and support reentry for adults with mental health and substance use disorders. RISE integrates court, custody, and community-based services to create a seamless, individualized care pathway across pretrial, diversion, and felony supervision caseloads. The program delivers screening, assessment, therapy, care coordination, and court compliance support, while building system infrastructure through cross-agency collaboration, data sharing, and provider capacity-building. RISE targets moderate-risk or high-risk, and high-needs people who fall between systems, offering timely access to treatment and stabilization supports that promote long-term recovery, legal compliance, and public safety, fulfilling Proposition 47's goals through sustainable, equity-driven reform.

Section 1. Project Need 8,948 4 pgs (25%)

The Reentry, Intervention, Support, and Engagement (RISE) pilot system addresses critical service gaps for individuals with mental health and substance use disorders (SUD) who fall outside County Behavioral Health's specialty mental health programs. Justice involved people in El Dorado County (EDC) encounter persistent obstacles to timely treatment, posing both individual and public safety risks.

EDC's jail and probation data reveal alarming trends: 20% of incarcerated people screen positive for mental health needs and one in five receives psychotropic medication (O'Connell & Davaran, 2023a, p. 9). Nearly 60% of adults on probation screen positive for SUD (O'Connell & Davaran, 2023a, p. 43), and over half experience co-occurring disorders. 65% of people booked are released within three days, missing formal reentry planning under CalAIM, forcing them to secure care independently (O'Connell & Davaran, 2023a, p. 22).

People referred to Diversion Courts also experience delays, as they await court acceptance without access to treatment, increasing risks of relapse, re-offense, and disengagement. Annually, over 1,600 people are screened for pre-trial risk through the use of the VPRAI with 75% qualifying for pretrial monitoring. Of this qualifying population, 40% fail to appear, 33% incur technical violations, and 17% face new charges (O'Connell & Davaran, n.d., Slides 10, 11 & 13). These outcomes are driven in part by infrastructure barriers, as an example, the 15-minute drive between the Jail/Court and Probation services center. This separation contributes to reporting failure, the leading cause of technical violations, accounting for 62% of all such violations from 2018 to 2022 (O'Connell & Davaran, 2023b, Figure 7). Early probation violations stem from unmet basic needs including, housing, food, employment, and ongoing drug use (O'Connell & Davaran, 2023b, Intake).

The cycle is reinforced by high recidivism. 70% of jail residents have prior bookings, and 15% have been booked over 11 times in four years (O'Connell & Davaran, 2023a, p. 23, p. 48). Among those placed on probation from 2017–2019, 55% were rebooked within three years (O'Connell & Davaran, 2023a, p. 55). Behavioral health is a key driver: 74%

of those with a mental health episode were rebooked, compared to 54% without one. Among those with SUD, the rebooking rate spike to 83% (O'Connell & Davaran, 2023a, p. 55–56). These outcomes call for immediate and coordinated intervention.

Target Population: The RISE system defines and measures the target population through the locally established Sequential Intercept Model (SIM). The SIM for our population outlines five stages where community-based supports can interrupt criminal justice trajectories by addressing behavioral health and substance use disorder (SUD) needs at each point (Griffin et al., 2015). Historically, Probation has served people at Intercept 5, the Re-entry Intercept, through its Adult Day Reporting Center. However, legislative mandates such as Prop 36, and the use of Pretrial services have significantly increased Probation's role at earlier intercepts in the justice process, placing greater demands on resources and limiting its capacity to effectively address behavioral health needs at those intercepts. Prop 47 grant funding will increase the capacity to not only identify but treat people with unmet behavioral health needs across all three critical intercepts. The RISE prioritizes the behavioral health needs of people in the justice system in an unprecedented way in this county. Using the Criminogenic Risk and Behavioral Health Needs Framework Model (Osher, F. et al., 2012) the RISE system's response will provide effective and timely mental health and substance abuse interventions across these three intercepts:

- **Intercept 2 – Initial Detention/Release Decision:** Participants granted pretrial release receive rapid behavioral health screening and stabilization before court hearings.
- **Intercept 3 – Jails/Courts (Diversion):** Participants in diversion courts (Prop 36 Drug Diversion, PC 1001.36 Mental Health Diversion, PC 1001.80 Military Diversion) access tailored SUD and mental health services during the gap between referral and acceptance.
- **Intercept 5 – Community Corrections/Re-entry:** Participants recently released from custody engage with a cohesive network of behavioral health and substance use supports to prevent relapse and re-offending.

RISE will serve participants that are at moderate or high risk to recidivate, who have been screened or assessed with mental health, SUD, or co-occurring disorders, and who do not qualify for specialty mental health services from County Behavioral health. Probation data reflects an average of 900 separate and distinct people on formal supervision each year, of that number approx. 20% or 175 people experience homeless or are at risk of homelessness (Probation Data. 2025) Within this cohort, RISE will prioritize the need of participants experiencing homelessness or from communities of color. This will also include populations facing compounded barriers accessing SUDS and/or Behavioral Health services, exacerbated by a 40% countywide clinician vacancy rate (Behavioral Health System Improvement Plan, 2024, p. 1) and El Dorado County's Health Professional Shortage Area designation (Department of Health Care Access and Information, 2024).

Fragmented County and community-based services force justice participants to navigate disjointed pathways with little support. Transportation challenges, stigma, and limited culturally responsive care disproportionately affect people of color, those with co-occurring disorders, and residents in remote areas. Language barriers and limited provider diversity reduce engagement among Latino, Native American, LGBTQ+, and limited-English-proficient populations. Without accessible, coordinated services, those most in need are often least able to engage. The data reflects a system straining under the demand for behavioral health services it is not equipped to meet. Without expansion of assessment and treatment services, disparities will deepen.

The RISE system introduces a new model that integrates county justice and behavioral health services and trusted community providers. This cross-system collaboration brings coordinated navigation, residential and outpatient treatment, and stabilization services such as permanent supportive housing and transportation assistance to a single access point, spanning pretrial, diversion courts, and reentry populations. The RISE resolves fundamental gaps through an integrated model based on a shared framework for reducing recidivism and promoting recovery that unites county justice, behavioral health, and trusted community partners by offering rapid screening, early assessment, coordinated navigation, and stabilization services at key points. The RISE system model

is built upon the Criminogenic risk and Behavioral Health Needs Framework which weaves together science on risk and needs to provide an approach to achieve better outcomes for adults in contact with the criminal justice system with substance use disorders, mental illness or both (Osher, F. et al., 2012, p. 29). The RISE system establishes consistent and expanded access to both county and community based behavioral health treatment services. It is supported by a sustainable Medi-Cal billing framework that will integrate with the local jail's CalAIM plan, compliment the re-entry services of the Managed Care Plans, and increase sustainability of the program past the grant award period. This person-centered, data-informed approach strengthens collaboration among Probation, the Court, and community providers, advancing Prop 47's goals of reducing recidivism and expanding equitable access to treatment for underserved, high-risk populations.

Section 2. Community Engagement 6,711 3 pgs (15%)

Including:

The Prop 47 Local Advisory Committee (PLAC) was established through a strategic, inclusive process that prioritized highly credentialed clinical partners and key members, who are committed to improving outcomes for people with behavioral health needs. The lead agency conducted grassroots outreach, collaborative planning sessions, and one-on-one interviews with stakeholders across justice, healthcare, housing, and workforce systems. We especially prioritized partnerships with Community-Based Organizations (CBO) deeply rooted in the community, but historically under-resourced for standalone service provision to justice involved populations.

To build a representative and functional PLAC, the lead agency conducted targeted engagement through grassroots outreach, collaborative planning sessions, and relationship-building with key stakeholders across multiple systems of care that are uniquely positioned to expand their clinical assessment and treatment capacity to serve people in the justice system.

In addition to the Superior Court and Public Defender's Office, PLAC partners include:

- **Marshall CARES (Clinical Assisted Recovery & Education Services):** A low-barrier outpatient MAT clinic at Marshall Medical Center, serving SUD and Opioid Use Disorder.
- **El Dorado Community Health Center (EDCHC):** A federally qualified health center offering integrated clinical services for behavioral health and co-occurring disorders, including SUD services through their STEPS program; for low-income, homeless, and uninsured residents.
- **Mountain Valley Health:** A representative of one of El Dorado County's CalAIM Managed Care Plans, ensuring service coordination and system alignment to the goals of the CalAIM initiative.
- **Arturo Rangel, LMFT & Susan Fleischer, LCSW:** Providing oversight to Sacramento State University Practicum Interns, with extensive experience running adult day reporting center behavioral health programs.

- **Golden Sierra Job Training Agency:** A regional workforce board representative assisting to facilitate employment pathways for clients with criminal pasts.
- **Two Probation Peer Advisors:** Individuals with lived justice experience who now serve as high-performing Probation staff, offering unique insights and community connections.

Homebase, a 501(c)(3) partner of the local Continuum of Care (CoC), strengthens system capacity by providing guidance, training, and technical assistance to both the CoC and local housing providers on best practices. The CoC has tasked Homebase with coordinating in-reach support for the lead agency in crafting a request for proposal that engages a diverse pool of housing providers and selects the best-qualified partner to address the unique needs of the target population.

PLAC membership reflects input from behavioral health, education, judiciary, defense attorneys, employment, housing, and directly impacted individuals. Stakeholders identified roles, structural gaps, and equity barriers, that ensure RISE priorities align with lived realities. Selection criteria emphasized prevention, diversion, reintegration, geographic reach, cultural relevance, and Prop 47 objectives. Special attention was given to including culturally aware providers, expanding treatment capacity, and integrating siloed services such as assessment, healthcare coordination, housing, employment, and transportation.

This approach balances expertise, geography, cultural relevance, and system alignment. Fairness and inclusion were prioritized by inviting members and stakeholders across disciplines and geographic regions and ensuring that lived experience is represented at the table. The selection process emphasized equity, capacity to serve the target population, and geographic accessibility for both West and East Slope communities. Future additions to the PLAC will follow a transparent process informed by input from existing members, community feedback, and ongoing needs assessments.

All PLAC meetings will be Brown Act-compliant, publicly noticed, and include agendas, minutes, and public-comment opportunities. Member names, affiliations, and roles will

be regularly updated to ensure transparency. This diverse, trauma-informed composition continues to evolve through transparent, feedback-driven additions, particularly toward enhancing representation of Hispanic, Black, and other underrepresented groups.

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Section 3. Project Description 11,185 5 pgs (30%)

Including:

The RISE system's highly trained professionals and comprehensive services target critical community needs by reducing recidivism, expanding access to assessments and community-based behavioral health treatments. Ensuring collaboration between Community-Based Organizations' (CBO) and Probation develops the capacity for long-term sustainability. RISE achieves these outcomes through grant-funded residential treatment beds, partnership with a local project serving the unhoused, El Dorado Community Health Center, and Marshall CARES. This includes the use of grant-funds to establish a Marriage Family Therapist (MFT)/Licensed Clinical Social Worker (LCSW) practicum program with Sacramento State University, where associate MFTs and LCSWs will provide for the behavioral health services offered at the RISE Center. Overall, the RISE system is based on the Risk, Need, and Responsivity Framework (RNR) and will customize treatment, support, and supervision based on each participant's specific risk for recidivism and therapeutic need.

Increasing access to assessments including treatment options for behavioral health and substance use disorder need, will be accomplished by establishing low-barrier, closed-loop referral pathways; offering service navigation by staff with lived experience; expanding clinician capacity across all systems; and delivering culturally competent treatment and stabilization services aligned with the Risk-Need-Responsivity model.

The RISE system's target population includes individuals assessed as moderate to high-risk with unmet behavioral health needs who are involved in pretrial services, diversion programs, or re-entry processes. Identification of the target population will be guided by validated actuarial screening and assessment tools, including the Brief Jail Mental Health Screen (BJMHS), Tobacco Alcohol Prescription Medication & Other Substance Use (TAPS), Drug Abuse Screening Test (DAST-10), Public Safety Assessment (PSA), Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), and the Static Risk Assessment (SRA). All RISE participants, regardless of court or custody status, including those granted pretrial

release, referred to diversion courts, or reentering from jail or prison will receive formal mental health and substance use evaluations. Once diagnostic information is obtained through clinical reports and aligned with each participant's measured static risk, appropriate referrals and individualized treatment plans will be developed to ensure targeted, need-responsive care.

RISE will identify participants who screen positive for mental illness and/or substance use disorder needs either while in custody, upon release to Pretrial Services, or by probation's Intake Unit. Staff will use local partner agency databases to track jail release schedules, court calendars, and screening outcomes to support early identification of individuals preliminarily eligible for RISE based on clinical need. The Public Safety Assessment (PSA) will be used to determine moderate or high risk of reoffending for participants contacted through Pretrial, while Intake Unit officers will utilize the actuarial Static Risk Assessment (SRA) to determine long-term recidivism risk. All participants will receive formal mental health and substance use evaluations, as indicated by screening results. Once diagnostic information is obtained through clinical reports and aligned with each participant's measured static risk, appropriate referrals and individualized treatment plans will be developed to ensure targeted, need-responsive care.

The RISE system is equipped to receive referrals from any El Dorado County (EDC) justice agency, the Court, or probation officer. This ensures unidentified, but potentially eligible participants that have returned to custody will have an opportunity to access the RISE at any stage of justice system involvement. The RISE will screen 1,296 potential participants over the three-year grant period.

RISE Navigators will confirm Medi-Cal status and assist with activation or application if necessary. RISE Program Coordinator or a Deputy Probation Officer will utilize the participants justice status (e.g., pretrial; diversion court, formal probation), risk-level, and needs screenings to determine the appropriate pathway for assessment services. The assessment service provider options are varied, with highly trained, assessment capable Clinicians and staff available at the Day Reporting Center (DRC), as well as at

off-site community-based locations provided both by CBO's and practicum interns. Participants on formal probation will be navigated to the DRC clinicians for assessment. Pre-plea participants (not on formal probation) will be navigated primarily to community-based clinicians. The addition of grant funded Licensed Alcohol & Drug Abuse Counselor (LADAC), SUD Provider, Behavioral Health Clinician (Medical Doctor), Psychiatric Nurse Practitioners, Licensed Marriage & Family Therapist, Licensed Clinical Social Workers, and Associate Interns increases assessment capacity to quickly connect participants to treatment services.

Clinicians will provide level of care (LOC) recommendations informed by standardized assessments and Social Determinants of Health data. RISE staff will use these insights to develop Individualized Service Plans (ISPs) to align the participants unique treatment needs with available RISE therapeutic and supportive treatment therapy resources. ISP summaries will be provided to the Courtroom workgroup to ensure the whole person needs of each participant are known to decision makers. Participants will be navigated to the most appropriate RISE treatment pathway dependent upon their justice status, in line with the Risk-Need-Responsivity model. Participation length will be dependent upon the ISP level of care recommendation. The RISE will assess and provide treatment to 360 participants over the three-year grant period. This figure accounts for a phased failure rate of 30% at 10 days, 20% at 60 days, and 5% at 90 days post RISE entry.

RISE Navigators will coordinate every participant's journey through the system services by scheduling and facilitating screenings; coordinating clinical assessments, arranging individual and group therapy, or psychoeducation workshops; and linking participants to crisis stabilization when needed. RISE system services will include leveraged as well as grant funded electronic and alcohol monitoring, to provide a coordinated response with CBOs for participants receiving behavioral health treatment services who require additional support and accountability to ensure return to Court and/or successful community re-entry. Navigators will communicate participant progress and barriers to the grant funded Program Coordinator, probation officers, MDT teams, and treatment partners to ensure tailored support and smoother transitions throughout a participant's receipt of RISE services.

RISE follows the Risk-Need-Responsivity (RNR) model to match service intensity with risk and need. The navigator structure ensures participants are supported at every step. All services and engagement activities are trauma-informed, culturally and gender responsive, and accessible. The RISE system is structured to enhance participant's existing protective factors and reduce barriers. Navigators in each pathway of the RISE work alongside participants to find strengths-based solutions and resources to barriers such as transportation, housing, behavioral health access, all common obstacles for underserved populations disproportionately affected by incarceration. Restorative justice principles are advanced through the RISE system's engagement with participants, and the community in a collaborative process that emphasizes personal agency, restores relationships, and promotes accountability to community safety.

RISE supports the Court through ISP summaries, LOC recommendations, and ongoing status reports. Navigators will also provide real-time support to the Public Defender, and various Diversion Court Programs to expedite eligibility screening for individuals eligible for Diversion handling and referral.

Providers include a Medical Doctor, LADAC, Mental Health Navigator, SUD Medical Assistant, Psychiatric Nurse Practitioner, Substance Use Navigator, and supervised interns. Lived experience is valued: several RISE staff members are formerly justice-involved and now employed in direct service roles. Administrative and clinical teams include individuals with diverse educational and personal backgrounds, ensuring that service planning reflects the realities and strengths of those served.

The RISE pilot leverages existing partnerships, and staffing infrastructure within the lead agency, jail system, court, and community-based organizations. Screening tools and information-sharing agreements are already in place and will be expanded with minimal delay. The system model allows for rapid deployment of service coordination functions upon grant award.

The RISE system services address a critical gap created by recent budget constraints that led to the reduction of behavioral health services historically provided at the DRC

by El Dorado County Health and Human Services. These reductions left a void in behavioral health programming that the RISE is positioned to fill, ensuring continuity of care and timely access to needed services for participants.

The RISE system is aligned with Prop 47's intent to reduce recidivism and prioritize treatment over incarceration by addressing root causes of justice involvement, reducing racial disparities through culturally responsive navigation, and enhancing diversion pathways through court and defense partnerships.

To support the RISE system's goals and planned activities, specific expenses have been allocated that align with our objectives and leverage substantial external funding. For NGO's: EDCHC and Marshall CARES has dedicated highly trained staff to meet the behavioral health needs of RISE participants. A housing provider will be contracted to meet the needs of participants that are unhoused or at risk of homelessness. A contract for Residential Treatment beds will allocate beds to program participants to provide inpatient care. A transportation contract will remove a local treatment accessibility barrier. Leverage: SCRAM electronic monitoring services are allocated at \$72,000 for the purpose of providing a coordinated response with the CBOs to provide accountability for the purpose of returning to court and successful community re-integration. \$1,150,000 of AB109 funds are leveraged for the current SCRAM contract that will be expanded. \$183,500 is leveraged and paid for through CalAIM PATH JI funds for a Medi-Cal billing contract that will allow for immediate Medi-Cal billing services. CalAIM PATH JI round 4 funds will be used to leverage costs for an electronic health record system to advance in-house billing increasing sustainability of RISE services. Leverage funds of \$124,649 for emergency housing, transitional housing, and transportation services is provided through AB109.

Section 4. Data Collection and Project Evaluation 6,711 3 pgs (15%)

The project evaluation will be conducted by both internal staff and an external evaluator to ensure thorough and objective monitoring. The goals include an increase in participation in reentry programs and an increase in access to and participation in mental health and substance use disorder programs. Internal evaluation will involve program managers, data analysts, and case managers, focusing on tracking program entries and exits.

O'Connell Research will serve as the external evaluator. They have extensive experience in reducing jail bookings and collaborating with stakeholders on related projects such as the Justice Mental Health Collaboration Program which led to the county's resolved commitment to the Stepping Up Initiative, informing the current strategy for data collection (O'Connell, 2021) that informs decision making at the system level to meet the unique needs of justice involved individuals (EDC BOS Resolution, 2016, Stepping Up Initiative Partnership, 2020). O'Connell Research has a long history with El Dorado County looking at the interaction of justice and behavioral health. O'Connell Research will guide the project's evaluation with a multidisciplinary team convening in late 2025 if granted.

During the start-up phase, the evaluation team will establish baseline metrics and finalize the evaluation framework, identifying key performance indicators (KPIs) like participation rates and initial health outcomes. Throughout the implementation phase, continuous monitoring will include monthly internal reviews and quarterly external audits to ensure adherence to protocols and goals.

The effectiveness of interventions will be assessed through robust monitoring systems, focusing on outcomes such as reduced recidivism, improved mental health, housing stability, and employment status. Data will be collected using both quantitative and qualitative methods, including participant feedback. Regular stakeholder meetings will be held to align efforts and discuss progress. Quality assurance will be maintained through ongoing staff training, periodic site visits, routine data verification, and

continuous stakeholder engagement to make necessary adjustments and ensure interventions are effectively implemented.

Process measures include tracking participation rates, service delivery metrics, and provider engagement. Outcome measures include tracking new felony or misdemeanor convictions committed within three years of release from custody or within three years of placement on supervision as defined by AB 1056, as well as mental health and substance use improvements, housing stability, and employment and education outcomes. Community engagement and trust will be assessed through surveys and community forums.

The preliminary research plan for collecting and evaluating baseline and outcome data related to the process and outcome indicators involves a systematic approach to ensure comprehensive and accurate data collection and analysis. To establish baseline data, the research team will conduct initial assessments of all program participants, gathering detailed information on demographic and socio-economic factors such as age, gender, ethnicity, criminal history, mental health status, and substance use history. Data will be collected through probation records, service provider reports, and participant self-reports gathered through an integration data collection tool.

Data management and quality assurance will involve using a secure, centralized database to manage all collected data, which will be regularly updated and maintained to ensure data integrity and security. Quality assurance measures will include routine data audits, verification of data entries, and cross-checking with service provider records to ensure accuracy and completeness. The evaluation of baseline and outcome data will be conducted using statistical software to perform detailed analyses.

Descriptive statistics will summarize demographic characteristics and initial conditions of the participants, while inferential statistics will test hypotheses related to the effectiveness of interventions, focusing on key outcome measures such as recidivism rates, mental health improvements, substance use reductions, housing stability, and employment outcomes.

The plan for entering data sharing agreements involves establishing formal agreements with key stakeholders including partner organizations. These agreements will outline the terms and conditions for data sharing, ensuring compliance with privacy laws and regulations such as the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA). To obtain recidivism data, the project will use access to the jail management system to assess returns to incarceration. Memorandums of Understanding (MOUs) will be established with these entities, specifying the types of data to be shared, the frequency of data exchanges, and the security measures to protect sensitive information.

Budget Attachment

El Dorado County Probation

Budget Category	Grant Funds	Leveraged Funds	Total
1. Salaries and Benefits	\$767,506	\$3,631,983	\$4,399,489
2. Services and Supplies	\$12,700	\$0	\$12,700
3. Professional Services or Public Agency Subcontracts	\$694,440	\$1,643,500	\$2,337,940
4. Non-Governmental Organization (NGO) Subcontracts <i>(In order to be eligible, a minimum of 50% of the total grant funds requested must be shown in the "Grant Funds" column)</i>	\$4,933,630	\$124,649	\$5,058,279
5. Data Collection and Project Evaluation	\$464,600	\$0	\$464,600
6. Equipment/Fixed Assets	\$75,000	\$20,000	\$95,000
7. Other (Travel, Training, etc.)	\$0	\$314	\$314
8. Indirect Cost	\$1,042,181	\$0	\$1,042,181

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Deputy Probation Officer III	1.0 FTE (\$177,584.66 FY 25/26) * 3 Years	\$532,752	\$0	
Program Coordinator	1.0 FTE (\$78,251.33 FY 25/26) * 3 Years	\$234,754	\$0	
Adult Day Reporting Center	Adult Day Reporting Center Program Services/Supplies (\$543,300 FY 25/26) * 3 Years	\$0	\$1,629,900	
Deputy Probation Officer Supervisor	1.0 FTE (\$235,784 FY 25/26) * 3 Years	\$0	\$707,352	
Probation Assistant	2.0 FTE (\$112,780 Each/Annually FY 25/26) * 3 Years	\$0	\$676,680	
Deputy Probation Officer III	1.0 FTE (\$206,017 FY 25/26) * 3 Years	\$0	\$618,051	
		\$0	\$0	
		\$0	\$0	
		\$0	\$0	
		\$0	\$0	
TOTAL		\$767,506	\$3,631,983	\$4,399,489

1b. Salaries and Benefits Narrative: Provide a brief description for each position that addresses their role on the grant project.

Specific staffing expenses are allocated to ensure the RISE system's goals and activities are effectively achieved. For Deputy Probation Officer III, 1.0 FTE (\$177,584.66 annually) has been allocated, dedicated to ensuring case planning for re-entry participants addresses responsivity issues and barriers relating to trauma, and alignment with RNR principles, as well as working with the RISE team to understand how the criminogenic/behavioral health framework impacts the kind of services and intensity of services should be individual led for each participant.

For the Program Coordinator, 1.0 FTE (\$78,251.33 annually) has been allocated, dedicated for point of contact liaison for system partners, analyzing & tracking process measures and outcomes, and monitoring the system's fidelity to share with the lead agency and the PLAC members.

Leverage - Existing Adult Day Reporting Center annual costs that the RISE will expand upon paid for through the AB109 Community Corrections Partnership budget allocation: Emergency Housing \$25,000; Transitional Housing \$57,000; Transportation Services \$3,000; Participant Cell Phones \$35,000; Apprenticeship Training (vocational) \$299,590; Meals for Participants \$1,000; Facility Lease & Costs \$81,612; Utilities/Data/Communication \$21,100; Program Equipment & Supplies \$20,000; Total Leverage = \$543,300 Annually.

Existing Adult Day Reporting Center staffing will be leveraged, paid for through the AB109 Community Corrections Partnership budget allocation: 1.0 FTE Deputy Probation Officer Supervisor (\$235,784 annually) and a Deputy Probation Officer III (\$206,017 annually).

Existing Pretrial staff will be leveraged to ensure the RISE system's goals are achieved for the pretrial and diversion target population - 2.0 FTE Probation Assistant (\$112,780 Each/Annually FY 25/26) paid for through SB129 funds.

2a. Services and Supplies				
Description of Services or Supplies	Calculation for Expenditure	Grant Funds	Leveraged Funds	Total
Laptop(s)	\$1600 each x 2 (county staff)	\$3,200	\$0	\$3,200
Computer Monitor(s)	\$240 each x 4 (2 per county staff)	\$960	\$0	\$960
Computer Hardware & Software	For two county staff: Visio at \$450 one-time cost for each (\$900 for two). Adobe Pro at \$475 one-time cost for each (\$950 for two). Docking Station \$225 one-time cost for each (\$450 for two) Desktop Scanner \$800 one-time cost for each (\$1,600 for two)	\$3,900	\$0	\$3,900

Cell Phone(s)	\$400 each x 2 (county staff)	\$800	\$0	
Cell Phone Service	Annual contract x 2 (\$40 per month x 12 months x 3 years)	\$3,840	\$0	
		\$0	\$0	
		\$0	\$0	
		\$0	\$0	
TOTAL		\$12,700	\$0	\$12,700

2b. Services and Supplies Narrative: Provide a brief description for each item that explains how it will be used toward fulfilling grant objectives.

The Probation Department leases the building located at 3974 Durock Road located in Shingle Springs, California. With dedicated staff (1 FTE Deputy Probation Officer III, and 1 FTE Program A81) for the supportive services model as proposed in our RISE program to provide oversight, accountability, and linkages between the Probation Department and Community Based Organizations. This would require other necessary equipment dedicated computers/monitors/desks to ensure adequate workspace for all partners.

Clinical practicum program contracts (Safe Communities)	(1 FTE) Program Coordinators (LCSW) @ \$85 hr x 15 hr wk = \$66,300 Annually; (1 FTE) Lead Licensed Clinician (LCSW/LMFT) @ \$85 x 15 hr wk = \$66,300 Annually (2) Registered Associate/Interns @ \$30 hr x 24 hr wk = \$74,880 Annually for 2 Staff; Staffing 3 Year Cost Total= \$622,440	\$622,440	\$0	
Electronic Health Record System	The electronic health record system is being purchased through CalAIM PATH JI funding. Our funding through Rounds 1, 2, and 3, (\$210,000) are specific to practices in the Juvenile Treatment Center (24/7 Correctional Facility). The department will be requesting additional funding through Round 4 specifically for the Adult module of the Electronic Health Record (\$100,000) and will directly support the RISE program while working towards achieving the goals of CalAIM's Providing Access to Healthcare for the Justice Involved initiative.	\$0	\$310,000	
SCRAM Monitoring Services	Continuous Alcohol Monitoring and Continuous Electronic Monitoring Service \$2,000/month (\$24,000 Annually)	\$72,000	\$1,150,000	
Medi-Cal Billing Contract	Leverage Path 4 (\$13,500 one-time start up fees, \$5,000 monthly fee x 34 months)	\$0	\$183,500	
		\$0	\$0	
		\$0	\$0	
		\$0	\$0	
		\$0	\$0	
TOTAL		\$694,440	\$1,643,500	\$2,337,940

3b. Professional Services or Public Agency Subcontracts Narrative: List each consultant and/or public agency that will receive grant funds. Provide a brief description of the services that will be provided.

Clinical Practicum - The RISE will contract with Sacramento State to embed registered associate interns in the RISE, overseen by LCSW & LMFT Program Coordinators to receive practicum hours for licensing, providing individual group therapy, community psychoeducation workshops, crisis stabilization and crisis management, & referrals to stabilization services (housing, legal aid, food). Modalities include: EMDR; TF-CBT; Narrative Therapy; Somatic & Mindfulness-based techniques; & CPT in a culturally responsive manner. This practicum model can expand to additional universities, providing an influx of clinicians to the EDC community, trained to service the justice population.

Leveraged funding includes the electronic health record system (\$210,000) is being purchased through CalAIM PATH JI funding. Our funding through Rounds 1, 2, and 3, are specific to practices in the Juvenile Treatment Center (24/7 Correctional Facility). The department will be receiving additional funding through Round 4 specifically for the adult module of the Electronic Health Record (\$100,000) and will directly support the RISE program while working towards achieving the goals of CalAIM's Providing Access to Healthcare for the Justice Involved initiative. The EHR is a necessary component to maximize sustainability of RISE services after the grant award.

Leveraged funding includes AB109 Community Corrections Subaccount allocations for the Probation Department to provide Electronic Monitoring Services to both Adults and Juveniles under a term of Probation Supervision as ordered by the Superior Court. This effort is funded primarily through AB 109 at a contract rate of \$575,000 for existing services. Community Corrections Subaccount for the Adult Population. The anticipated number of justice involved to be served through the RISE program over the term of the grant is approximately 1,300.

SCRAM - Expanded contract services provided out of the Probation Department will include contracts for electronic monitoring (\$2,000/month \$24,000 Annually) CAM & CEM. Clients that are assessed and do not meet the threshold for County Behavioral Health services through the Diversion Courts will be treated by clinicians embedded in the RISE system. The purpose of these services is to provide a coordinated response with CBO's to include the ability to provide alcohol monitoring while receiving Substance Use Disorder treatment services, electronic monitoring for clients possibly experiencing mental health conditions requiring additional support and accountability for return to Court and/or successful reentry.

A Medi-Cal billing contract leveraged through CalAIM Path JI funds (\$183,500) (Round 4) will be leveraged for use by the RISE staff, to include Sacramento State University clinicians and both partner CBO's at the DRC to achieve the goal of sustaining the program past grant award through CalAIM Medi-Cal billing.

4a. Non-Governmental Organization (NGO) Subcontracts

Description of Subcontracts	Calculation for Expenditure	Grant Funds	Leveraged Funds	Total
EI Doardo Community Health Centers	Salary & benefits: 1.0 FTE Navigator-Licensed Alcohol & Drug & Abuse Counselor (\$91,885 annually), 1.0 FTE Mental Health Navigator (\$69,300 annually), .50 FTE SUD Medical Assistant (\$38,831), .50 FTE SUD Clinician-MD (\$191,122), .50 FTE BH Clinician, MFT (\$63,564 annually); 1.0 FTE Case Manager (\$133,893 annually); Staff Training (\$4,000 1st year, \$1,000 2nd year, \$0 3rd year); Staff travel mileage (\$2,000); Client Education Material (\$3,000); Client transportation (\$1,200), Equipment costs including computers, hardware, & assessment software (\$15,000) and indirect costs (EI Dorado County subcontracts for FY 25/26 will be 15% de minimis).	\$1,791,985	\$0	\$1,791,985

Marshall CARES	Salary & benefits: 1FTE SUD Provider (\$208,111 annually), 2FTE Substance Use Navigator (\$107,584 annually/each), 1FTE Psychiatric Nurse Practitioner (\$204,226 annually); Cell Service Plan (\$2,160 annually); Client Transportation (\$1,000 annually); Equipment costs including computers, hardware, & software (\$6,000) and indirect costs (El Dorado County subcontracts for FY 25/26 will be 15% de minimis).	\$1,897,995	\$0	
Housing navigation services & assistance, Shelter beds for immediate Re-entry - Provider to be determined	3 years for 10 beds at \$65/bed/night (estimating 274 days used per year, annual cost of \$178,100)	\$534,300	\$25,000	
Residential Treatment Beds - Provider to be determined	10 beds at \$2,750 monthly cost for 6 months, Jan 2026 - June 2026. During this timeframe, the lead agency will finalize the contract for Medi-Cal billing services. Goal is to having the billing mechanism online by July 2026, which aligns with the County's CalAIM go-live date.	\$165,000	\$57,000	
Transportation support services - Provider to be determined	191 days for dedicate transportation route for the RISE program at \$950/day route cost for 3 years. Annual cost is calculated at \$181,450.	\$544,350	\$42,649	
		\$0	\$0	
		\$0	\$0	
		\$0	\$0	

TOTAL		\$4,933,630	\$124,649	\$5,058,279
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(a minimum of 50% of the total grant funds requested must be shown in the "Grant Funds" column)

4b. Non-Governmental Organization (NGO) Subcontracts Narrative: List each NGO subcontractor that will receive grant funds. Provide a brief description of the services that will be provided.

To support the project's goals and planned activities, specific expenses have been allocated that align with our objectives and leverage substantial external funding.

For El Dorado Community Health Center: 1.0 FTE Navigator-Licensed Alcohol & Drug & Abuse Counselor (\$91,885 annually), to provide assessment services, level of care recommendations, and supportive case management. 1FTE Mental Health Navigator (\$69,300 annually), to provide Mental Health-specific community health system navigation and supportive case management. .50 FTE SUD Medical Assistant (\$38,831), administrative processing, receiving referrals, and client engagement. .50 FTE SUD Clinician-MD (\$191,122), to provide assessment services, level of care recommendations, and SUD treatment program services in the community. .50 FTE BH Clinician, MFT (\$63,564 annually) to provide assessment services, level of care recommendations, behavioral health treatment program services in the community. 1 FTE Case Manager (\$133,893 annually) to provide case management, client engagement, assessments, and level of care recommendations. Staff Training (\$4,000 1st year, \$1,000 2nd year, \$0 3rd year) for assessment training, evidence-based curriculum for justice populations. Staff travel mileage (\$2,000 for travel to justice service treatment provision locations such as the Day Reporting Center; Client Education Material (\$3,000) for programmatic materials and supplies; Participant transportation (\$1,200) for supportive services and barrier removal, Equipment costs including computers, hardware, & assessment software (\$15,000) for staff services support.

For Marshall CARES: 1FTE SUD Provider (\$208,111 annually) for clinical assessments, level of care recommendations, SUD program provision at the Day Reporting Center and/or in the Community. 2.0 FTE Substance Use Navigator (\$107,584 annually/each) for Day Reporting Center System Navigation and supportive case management. 1FTE Psychiatric Nurse Practitioner (\$204,226 annually) for assessment services, level of care recommendations, case management, and client engagement. Cell Service Plan (\$2,160 annually) for staff communications. Client Transportation (\$1,000 annually) for supportive services and barrier removal; Equipment costs including computers, hardware, & software (\$6,000) for staff services support.

Leveraged funds include AB 109 Community Corrections Subaccount allocations for emergency housing (\$25,000), The Bridge Transitional Housing (\$57,000), and the .5 FTE Transportation Driver (\$39,649) and Transportation Services for Clients (\$3,000) operating out of the Community Corrections Center.

5a. Data Collection and Project Evaluation [minimum 5% of requested grant funds (or \$50,000, whichever is greater) but not more than 10%]

.50 FTE Administrative Analyst (\$88,200 Annually)	\$264,600	\$0	
O'Connell Research, Inc. Consultant supporting criminal justice data	\$175,000	\$0	
CPA for the compliance audit	\$25,000	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	

To ensure the RISE program effectiveness is measured and is meeting goals and objectives a .50 FTE Admin. Analyst (\$88,200 Annually) is assigned to the RISE to work alongside the consultant for local data access the to establish baseline metrics and finalize the evaluation framework, identify key performance indicators (KPIs) like participation rates and initial health outcomes and assist with continuous monitoring to include monthly internal reviews and quarterly external audits to ensure adherence to protocols and goals.

O'Connell Research, Inc. will serve as a consultant supporting criminal justice data with (\$200,000). They will work with the Admin Analyst and data team to complete the local evaluation plan, quarterly progress reports, and local evaluation report, data collection efforts specific to BSCC annual recidivism reporting, measuring the number of days between program enrollment/services received to offense conviction, and reporting on the severity of conviction. Their expertise will guide the project's evaluation and monitoring processes, ensuring accurate data collection and analysis, which is essential for measuring the project's impact and making data-driven adjustments for the 3-year service delivery period.

A Certified Public Accountant will be obtained to complete the compliance audit (\$25,000).

6a. Equipment/Fixed Assets

Description of Equipment/Fixed Assets	Calculation for Expense	Grant Funds	Leveraged Funds	Total
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Attachment B: Project Work Plan

Required Attachment: Applicants must upload a completed Work Plan to the BSCC Submittable Application Portal.

Instructions: Complete a Project Work Plan using the format below. Goals and objectives must have a clear relationship to the need and intent of the grant. A minimum of one goal and corresponding objectives must be identified. Completed plans should:

1. Identify the project's top goals and objectives;
2. Identify how the goal(s) will be achieved in terms of process and outcome measures, project activities, responsible staff/partners, and start and end dates; and
3. Provide a list of the data elements to be collected.

1	Goal	Reduce Recidivism Among Justice-Involved Individuals with Behavioral Health Needs.					
Objectives		A	Enhance, and expand an array of community based behavioral health treatment and housing services for moderate and high risk individuals on pretrial and court diversion with unmet behavioral health needs.				
		B	Establish RISE Center based behavioral health programming in collaboration with community based providers for moderate and high risk individuals reentering the community from jail and prison.				
		C	Conduct system navigation and case management services coordinated across both county and community treatment pathways through the RISE center.				
		D	Enter objective				
Process and Outcome Measures		Measurement of individuals retained in on-site RISE treatment program at 30, 90, and 180 days. Reduced returns to custody. Reduced technical violations.					
Project activities and services that support the identified goal and objectives				Responsible staff/partners		Timeline	
						Start Date	End Date
1	Establish navigator classification, hire staff; develop and deliver cross-agency training on community and county behavioral health system navigation.			1	Probation; Marshal Medical; EDCHC	1	12/31/28
2	Select and adopt validated screening tools; embed screening protocols in diversion, pretrial, and reentry processes.			2	Probation	2	12/31/28
3	Structure on-site RISE treatment programs and warm hand-off services to be delivered by at the RISE DRC & at community locations.			3	Probation; Marshal Medical; EDCHC	3	12/31/28
4	Conduct data sharing agreements with justice partners and treatment systems to enable recidivism tracking; establish metrics dashboards to track outcomes.			4	Probation; LAC; Consultant	4	12/31/28
List the data elements and sources that will be used to measure the outcomes							

Probation Adult Service data.
 Superior Court data.
 Public Defender data.

2	Goal	Increase access to assessments and community-based behavioral health treatment services.					
Objectives	A	Establish low barrier, closed loop referral pathways from system intercepts (diversion, pretrial, reentry) to CBO behavioral health providers, with warm handoffs and service navigation support					
	B	Implement assessment/appointment accompaniment and engagement strategies (e.g., peer support, transportation coordination, incentives) to reduce no-show rates and support treatment initiation.					
	C	Coordinate with CBO partners to expand service hours, culturally responsive care, and treatment modalities (e.g., outpatient SUD, MRT, CBT, trauma-informed care) provided by the RISE.					
	D	Identify and contract with CBOs for stabilization services (e.g., housing, employment, transportation).					
Process and Outcome Measures	Reduced failures to appear. Measurement of individuals that attended first appointment with community based treatment provider. Measurement of individuals that successfully completed Court Diversion programs.						
Project activities and services that support the identified goal and objectives		Responsible staff/partners		Timeline			
				Start Date		End Date	
1	Map existing referral pathways and identify gaps in linkage from system intercepts to CBO providers; leverage existing referrals and closed-loop feedback processes; establish MOUs outlining expectations for assessment referral response time and communication.	1	Probation & LAC	1	10/1/25	1	12/31/28
2	Hire navigators; expand client incentive program; create transportation assistance options, create outreach workflow for missed appointments; implement RISE MDT case review schedule to identify individuals at risk of drop out and report on common barriers.	2	Probation & community based providers	2	10/1/25	2	12/31/28
3	Conduct a community and participant needs assessment to identify services gaps (hours, modality, language, etc.).	3	Marshal Medical; EDCHC; Housing service provider TBD	3	10/1/25	3	12/31/28
4	Develop letters of interest and requests for proposals for housing services provider and stabilization services.	4	Probation & LAC	4	10/1/25	4	12/31/28

List the data elements and sources that will be used to measure the outcomes

Community based behavioral health services data.
Probation Adult Service data.
HMIS CoC homelessness data (provider TBD).

3	Goal	Increase capacity of CBOs to provide treatment and sustain RISE services post grant.						
Objectives	A	Develop a long-term sustainability plan with CBO partners that includes diversified funding strategies, including billing Medi-Cal and leveraging CalAIM ECM/Community Supports by Year 2.						
	B	Workforce development and clinical training for RISE staff on evidence-based practices in behavioral health treatment and justice-involved care.						
	C	Integrate CBOs into shared data, referral, and reporting systems to enable real-time coordination and performance monitoring.						
	D	Enter objective						
Process and Outcome Measures	Increase in the number of clients receiving behavioral health or navigation services directly from CBO partners (measured quarterly). Percentage of CBO partners successfully billing Medi-Cal or another third-party payer for RISE-aligned services by end of grant term.							
Project activities and services that support the identified goal and objectives			Responsible staff/partners		Timeline			
					Start Date	End Date		
1	Leverage the LAC to expand Medi-Cal billing readiness, shared grant writing efforts, long term funding strategies, and integration with CalAIM community supports.		1	All partners & LAC	1	10/1/25	1	12/31/28
2	Leverage the existing CORE trailer's referral and tracking system to expand access to CBO & county partners, and collect outcomes.		2	Probation & LAC	2	10/1/25	2	12/31/28
3	Enter activity or service		3	Enter name	3	mm/dd/yy	3	mm/dd/yy
4	Enter activity or service		4	Enter name	4	mm/dd/yy	4	mm/dd/yy
List the data elements and sources that will be used to measure the outcomes								

CORE trailer jot form data.
Electronic health record system.

Attachment C: Proposition 47 Local Advisory Committee Membership Roster

Required Attachment: A complete Membership Roster must be uploaded to the BSCC Submittable Application Portal in order to be considered for funding.

Name of Applicant (Lead Public Agency): El Dorado County Probation

Individual Name	Job Title	Agency/Organization
Shelby Wineinger	Court Executive Officer	El Dorado County Superior Court
Teri Monterosso	Chief Public Defender	El Dorado County Public Defender
Martin Entwistle	Chief Medical Officer	Marshall Medical Center
Darlene Galipo	Director	Golden Sierra Job Training Agency
Michael Boyd	Deputy Chief Probation Officer	El Dorado County Probation
Stephanie Denega	Probation Assistant; Lived Experience	El Dorado County Probation
Mindi Paxiao	Probation Officer; Lived Experience	El Dorado County Probation
Arturo Rangel	LMFT; Clinician Practicum oversight Program Coordinator/Clinician	Safe Communities Practicum Program
Susan Fleischer	LCSW, McS: Practicum oversight Program Coordinator/Clinician	Safe Communities Practicum Program
Dr. Thomas Mahoney	Deputy Chief Medical Officer	Mountain Valley Health Plan
Caleb Sandford	Chief Executive Officer	El Dorado Community Health Center